MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/890466	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51				l		
2								52				l		
3								53				l		
4								54				l		
5								55				l		
6								56				l		
7								57				l		
8								58				l		
9								59				l		
10			l					60				l		
11				l				61				l		
12				l				62				l		
13				l				63				l		
14				l				64				l		
15				l				65			l			
16				l				66			l			
17				l				67			l			
18				l				68						
19				l				69						
20				l				70						
21				l				71						
22				l				72						
23				l				73						
24				l				74						
25				l				75						
26				l				76						
27				l				77						
28				l				78						
29				l				79						
30				l				80						
31				l				81						
32				l				82						
33				l				83						
34				l				84						
35				l				85						
36				l				86						
37				l				87						
38				l				88						
39				l				89						
40				l				90						
41				l				91						
42				l				92						
43				l				93						
44				l				94						
45				l				95						
46				l				96						
47				l				97						
48				l				98						
49				l				99						
50				l				100						
TOTAL IND.								TOTAL IND.			4			
TOTAL DEP.								TOTAL DEP.			54			
TOTAL CLAIMS								TOTAL CLAIMS			58			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS